

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	2						53					
4	2						54					
5	(1)						55					
6	(1)						56					
7	(1)						57					
8	(1)						58					
9	(1)						59					
10	(1)						60					
11	4						61					
12	(1)						62					
13	(1)						63					
14	(1)						64					
15	(1)						65					
16	(1)						66					
17	(1)						67					
18	(1)						68					
19	(1)						69					
20	(1)						70					
21	(1)						71					
22	(1)						72					
23	(1)						73					
24	(1)						74					
25	(1)						75					
26	(1)						76					
27	(1)						77					
28	(1)						78					
29	(1)						79					
30	(1)						80					
31	(1)						81					
32	(1)						82					
33	(1)						83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/						TOTAL IND.					
TOTAL DEP.	54	→		→		→	TOTAL DEP.	→		→	→	→
TOTAL CLAIMS	25	→	→	→	→	→	TOTAL CLAIMS	→	→	→	→	→